

Received 7/29/14 Revised 7/30/14

<b>TRANS</b>	<b>State of North Carolina</b> Department of Environment and Natural Resources Division of Waste Management	<b>TRANSFER STATION</b> Facility Annual Report For the period of <b>July 1, 2013-June 30, 2014</b>
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According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2014 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: Todco Inc Permit: 2908-transfer-2013

Physical Address	Mailing Address
Street 1: <u>1123 Roy Lopp Rd</u>	Street 1: <u>1123 Roy Lopp Rd</u>
Street 2: _____	Street 2: _____
City: <u>Lexington</u> County: <u>Davidson</u>	City: <u>Lexington</u>
State: <u>North Carolina</u> Zip: <u>27292</u>	State: <u>North Carolina</u> Zip: <u>27292</u>
Primary Facility Contact Person	Billing Contact Person
Name: <u>Todd Warfford</u>	Name: <u>Cherie Warfford</u>
Phone: <u>(336) 248-2001</u> Fax: <u>(336) 248-8835</u>	Phone: <u>(336) 248-2001</u> Fax: <u>(336) 248-8835</u>
Email: <u>todd@todcoinc.com</u>	Email: <u>cherie@todcoinc.com</u>

1. Tipping Fee: \$31.00 \_\_\_\_\_ per Ton (Attach a schedule of tipping fees if appropriate.)  
 Does the tip fee above include the \$2.00 Solid Waste Tax? ☐ Yes ☒ No

2. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☒ No  
 If so, please report the date this occurred: \_\_\_\_\_

3. Are there SWANA or other certified operator(s) at this facility? ☒ Yes ☐ No  
 If yes, indicate the following:

Name: <u>Todd Warfford</u>	Certification type and expiration date: <u>Transfer Station Operations Specialist 4-16-16</u>
Name: <u>Scott Newman</u>	Certification type and expiration date: <u>Transfer Station Operations Specialist 4-16-16</u>
Name: <u>Dalton Warfford</u>	Certification type and expiration date: <u>Transfer Station Operations Specialist 4-16-16</u>

4. What other activities occur at this facility? (check all that apply)

☒ Recycling/Reuse Collection ☐ Scrap Tire Collection ☐ White Goods Collection ☐ Household Hazardous Waste Collection

If you checked Recycling/Reuse Collection, please indicate the materials accepted and amount collected: (check all that apply and provide tonnages)

<input type="checkbox"/> Carpet _____ tons	<input checked="" type="checkbox"/> Concrete/rubble/asphalt <u>1,156.41</u> tons	<input type="checkbox"/> Gypsum/drywall _____ tons	<input checked="" type="checkbox"/> Other Metal <u>41.83</u> tons
<input checked="" type="checkbox"/> Cardboard <u>32.19</u> tons	<input type="checkbox"/> Shingles _____ tons	<input type="checkbox"/> Electronics _____ tons	<input checked="" type="checkbox"/> Other Plastic <u>11.95</u> tons
<input checked="" type="checkbox"/> Wood <u>435.8</u> tons	<input type="checkbox"/> Other (specify) _____		

5. Provide the four quarterly tonnages this facility reported on NC E-500K forms between July 1, 2013 and June 30, 2014:

Quarter	Tons Reported
July 1 - September 30	
October 1 - December 31	
January 1 - March 31	
April 1 - June 30	
Total	

RECEIVED  
 N.C. Dept. of ENR  
**JUL 29 2014**  
 WINSTON-SALEM  
 REGIONAL OFFICE

6. Total waste received (INCLUDING WASTE TRANSFERRED AND RECYCLED) at this facility during the period of July 1, 2013, through June 30, 2014. Indicate **tonnage** received by COUNTY of waste origin. Please indicate COUNTY and STATE, if received from another state.

[illegible]

7. Indicate the facility(s) that received your facility's transferred waste material:

Grand Total	2,125
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NAME, PERMIT #, and LOCATION (city, state) of FACILITY	Facility Type	Tons
Davidson County Solid Waste Dept , Lexington NC	C&D Landfill	445.38
TOTAL		445.38

**REMINDER:** According to (G.S. 130A-309.09D(b)), this report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

Please return your completed report to:

Hugh Jernigan  
585 Waughtown Street  
Winston-Salem, NC 27107-2275  
phone: 336.771.5093 email: [Hugh.Jernigan@ncdenr.gov](mailto:Hugh.Jernigan@ncdenr.gov)

**CERTIFICATION:** I certify that the information provided is an accurate representation of the activity at this facility.

Signature: \_\_\_\_\_

Date: Jul 24, 2014

Name: Todd Warfford

Title: President

Phone Number: (336) 248-2001

Email: [todd@todcoinc.com](mailto:todd@todcoinc.com)